

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
3	30		/			
4	30		/			
5	30		/			
6	30		/			
7	30		/			
8	30		/			
9	30		/			
10	30		/			
11	30		/			
12	30		/			
13	30		/			
14	30		/			
15	30		/			
16	30		/			
17	30		/			
18	30		/			
19	30		/			
20	30		/			
21	30		/			
22	30		/			
23	30		/			
24	30		/			
25	30		/			
26	30		/			
27	30		/			
28	30		/			
29	30		/			
30	30		/			
31	30		/			
32	30		/			
33	30		/			
34	30		/			
35	30		/			
36	30		/			
37	30		/			
38	30		/			
39	30		/			
40	30		/			
41	30		/			
42	30		/			
43	30		/			
44	30		/			
45	30		/			
46	30		/			
47	30		/			
48	30		/			
49	30		/			
50	30		/			
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←	←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1		1	
52			1		1	
53			1		1	
54			1		1	
55			1		1	
56			1		1	
57			1		1	
58			1		1	
59			1		1	
60			1		1	
61			1		1	
62			1		1	
63			1		1	
64			1		1	
65			1		1	
66			1		1	
67			1		1	
68			1		1	
69			1		1	
70			1		1	
71			1		1	
72			1		1	
73			1		1	
74			1		1	
75			1		1	
76			1		1	
77			1		1	
78			1		1	
79			1		1	
80			1		1	
81			1		1	
82			1		1	
83			1		1	
84			1		1	
85			1		1	
86			1		1	
87			1		1	
88			1		1	
89			1		1	
90			1		1	
91			1		1	
92			1		1	
93			1		1	
94			1		1	
95			1		1	
96			1		1	
97			1		1	
98			1		1	
99			1		1	
100			1		1	
TOTAL IND.			1		1	
TOTAL DEP.		←	89	←	89	←
TOTAL CLAIMS			80		80	